



City of Chicopee, Massachusetts

Office of the City Treasurer

Ernest N. Laflamme, Jr.
City Treasurer

Jessica Hebert
Assistant City Treasurer

City Hall Annex - 274 Front Street - Chicopee, MA 01013

Tel: (413) 594-1560 Fax: (413) 594-1546

www.chicopeema.gov

ATTN: Accounts Receivable

To Whom It May Concern:

This form replaces Form W-9 request for Taxpayer I.D. Number and Certification. Please complete the form accurately and in its entirety to ensure the proper filing status on the City's vendor file. Failure to complete and return this form will result in the City being unable to process your payment. To ensure payment, even if you are a corporation and/or not subject to withholding, please complete and return this form immediately. If you have any questions regarding this form, please contact this office.

Thank you for your cooperation and immediate response.

Sincerely,

Ernest Laflamme, Jr.
City Treasurer

Legal Name: _____

Corresp. Address: _____ City/State: _____ Zip: _____

Remit Address: _____ City/State: _____ Zip: _____

Filing Status: Individual/Sole Proprietor _____ Corporation _____ Partnership _____ Other _____
(Please specify)

Social Security No.: _____

Employee I.D. No.: _____
(E.I.N or F.I.D.)

Reason for receiving payment _____

Signature: _____ Date: _____

RETURN IMMEDIATELY TO ORIGINATING DEPARTMENT

.....
(DEPARTMENT USE ONLY)

*

(TREASURER'S OFFICE ONLY)

*

VENDOR # _____

*

IF YES- CHECK APPROPRIATE BOX

DEPARTMENT _____

*

1099 YES/NO RECEIVED _____

DATE SENT _____

*

() BOX 1- RENTS

CURRENT CITY EMP YES/NO

*

() BOX 3- OTHER INCOME

*

() BOX 7- SERVICES/GOODS/SELF EMPL.